

**Lamar University**  
**Department of Deaf Studies and Deaf Education**  
**Doctoral Program in Deaf Education (Ed.D.)**  
**Results of the Preliminary Exam**

Date of Examination: \_\_\_\_\_

Candidate's Name: \_\_\_\_\_ LU#: \_\_\_\_\_

Recommendations Made by Doctoral Committee Following Qualifying Examination (e.g., pass, fail, rewrite specific sections, take additional courses):

**Signatures/Approvals:**

<u>Committee</u>	<u>Printed Name/Signature</u>	<u>Approved</u>	<u>Not Approved</u>
Doctoral Advisor	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	_____	<input type="checkbox"/>	<input type="checkbox"/>
Committee Member	_____ _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Department Chair Date: \_\_\_\_\_

\_\_\_\_\_  
Dean /Fine Arts and Communication Date: \_\_\_\_\_

\_\_\_\_\_  
Dean of Graduate Studies Date: \_\_\_\_\_